



**CITY LICENSE
455 N. MAIN - 12TH FLOOR
WICHITA, KS 67202
(316) 268-4553**

PRIVATE MERCHANT POLICE INSURANCE REQUIREMENTS

According to the City's Law Department, the cancellation paragraph on **all** Certificate's of Insurance should read as follows: "Cancellation: Should any of the above described policies be canceled before the expiration date thereof, the issuing company will give at least ten (10) days written notice to the named certificate holder."

This means that on the Certificate of Insurance, the words "**endeavor to**" and "**but failure to mail such notice shall impose no obligation of any kind upon the company**" must be crossed out.

Also, **all Certificates of Insurance** for **Private Merchant Police** Companies must state the following:

"General Liability includes false arrest, detention or imprisonment, malicious prosecution, the publication of utterance of libel or slander, or other defamatory or disparaging material, wrongful entry or eviction, or other invasions of the right of private occupancy."

If you have any questions, please call City License at 268-4553.



PRIVATE MERCHANT POLICE LICENSE APPLICATION
COMPLETE IN TRIPLICATE

CITY LICENSE
(316) 268-4553

____ Individual Proprietorship ____ New.....\$300.00
____ Partnership ____ Renewal.....\$100.00
____ Corporation: If Incorporated, through which state? _____

APPLICANT INFORMATION:

Full Name			Home Phone	
Home Address			Zip Code	
Date of Birth			City & State of Birth	
Military Branch		Type of Discharge		Social Security Number

- How long have you lived in Wichita?
- Please list the address(es) at which you have lived for the past three years:
- Please list the name(s) and address(es) of any previous employment held within the past three years:
- If self-employed, list the name and address of this business:

If the answer to any of the **FOLLOWING** questions is "YES", explain **IN DETAIL** on the reverse side of the application or attach a separate piece of paper to this application.

- Have you ever been REFUSED a security bond? ____ Yes ____ No
- Have you ever had a security bond revoked? ____ Yes ____ No
- Have you ever had a judgement or conviction for fraud, deceit, or misrepresentation entered against you? ____ Yes ____ No

If the answer to any of the **FOLLOWING** questions is "YES", explain the charge, penalty, date, and place associated with the conviction(s). Place the information on the reverse side of the application or attach a separate piece of paper to this application.

- Have you ever been convicted of a felony? ____ Yes ____ No
- Have you ever been convicted of a misdemeanor? ____ Yes ____ No

BUSINESS INFORMATION:

Business Name		Phone	
Local Business Address		Zip Code	
Mailing Address (if different)		Zip Code	
Type of Service Offered		Coverage Area	
Kansas Sales Tax No.		Federal Tax No.	
No. of Security Officers Employed			

BUSINESS PARTNER OR CORPORATE OFFICER INFORMATION: Please provide the following information for each partner, officer, director, or associate of the business firm. If more space is needed, use the reverse side of this application or attach a separate piece of paper to this application.

Full Name		Home Phone	
Home Address		Zip Code	
Social Security No.		Date of Birth	

Three letters must accompany this application from persons not related to the applicant, certifying to the applicant's good character and business responsibility, and who have known the applicant for at least one year. Attach two photographs taken during the past 30 days (1 1/2" x 2") of the applicant.

The undersigned, of lawful age, states that this application has been signed with the understanding and agreement to the provisions set forth in Chapter 3.72, Code of the City of Wichita, Kansas, and that the information and answers herein contained are complete and true and known by the affiant to be so. In addition, the applicant does hereby authorize the taking of his/her fingerprints and to a pre-employment investigation.

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public

FOR OFFICIAL USE ONLY

	Approved	Disapproved	Date
Investigating			
City Attorney			
License Number	Date Issued	License Expiration	